

## **Notice of Appeal**

1. Must be filed within thirty (30) days of the judge's decision date
2. Requires a filing fee of \$38.00 or motion to waive filing fee or poverty affidavit.
3. Documents required include Notice of Appeal, and Service Request. Other documents such as a copy of the entry, or civil docket statement can be included.
4. Basic copies needed by the Court include the original and four (4) copies.

**JUVENILE COURT HAMILTON COUNTY, OHIO**

IN RE:

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:  
:  
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CASE NUMBER: \_\_\_\_\_

NOTICE OF APPEAL

Please be on notice that the within motion will be heard on the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by Judge / Magistrate \_\_\_\_\_ at the Hamilton County Juvenile Court located at  
800 Broadway in Cincinnati, Ohio 45202-1332. Floor # \_\_\_\_\_.

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Certificate of Service**

I, \_\_\_\_\_, certify that I served a copy of the foregoing on the Plaintiff by  
\_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

☐ WRITTEN REQUEST FOR SERVICE (Civil)  
☐ PRAECIPE (Delinquent/Criminal)

**CASE NUMBER:** \_\_\_\_\_

Reason for Hearing: \_\_\_\_\_

**(Notice of Filing Only)**

**(Residential Service) or (Publication)** (List one of these selections for each address listed below.)

**Name and Complete Address and Zip Code**

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**Zip**